

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 158

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township San Carlos or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martin Cordosa

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

5. No., in order of birth _____

6. Legitimate?

yes7. Date of birth II II 28.
Month Day Year

8.

FATHER

Full name

Benjamin Cordosa

9. Residence

(Usual place of abode) San Carlos,

If non-resident, give place and state.

Ariz.

10. Color or race

Mexican11. Age at last birthday 27 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry Common labor

14.

MOTHER

Full maiden name

Maxsimiana Morales

15. Residence

(Usual place of abode) San Carlos,

If non-resident, give place and state.

Ariz.

16. Color or race

Mexican17. Age at last birthday 17 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother _____

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. m. on the date above stated.
(Born alive or stillborn.)

Signature _____

C.H. Sawyer M.D.

(Physician or midwife).

Given name added from
a supplemental report _____

Month, day, year _____

Address San Carlos, Ariz.Filed _____, 19 C.H. Sawyer

Registrar

Registrar

431-111-442

order of birth stated.